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|--|--|---|---|--|
| 1. TASK NUMBER<br>960220CCC7028<br>X9621484  |  | 2. INVESTIGATOR'S ID<br>8516                |   | EPIDEMIOLOGIC<br>INVESTIGATION<br>REPORT |
| 3. OFFICE CODE<br>896  | 4. DATE OF ACCIDENT<br>YR MO DAY<br>95 11 00 | 5. DATE INITIATED<br>YR MO DAY<br>96 02 20  |   |  |
| 6. SYNOPSIS OF ACCIDENT OR COMPLAINT<br>The consumer placed two pieces of bread into a kitchen toaster oven for about 3-5 minutes. While in her dining room, she smelled an odor, walked into her kitchen and saw flames being emitted from the toaster oven. She extinguished all the flames with a towel and pulled the plug. There were no injuries and no property damage. |  |   |   |  |
| 7. LOCATION (Home, School, etc.)<br>Home 10  |  | 8. CITY<br>McClean                          |   | 9. STATE<br>Virginia Va.                 |
| 10A. FIRST PRODUCT<br>Toaster oven 0216  |  | 10B. TRADE/BRAND NAME<br>Black & Decker     |   | 10C. MODEL NUMBER<br>TRO 600             |
| 10D. MANUFACTURER NAME AND ADDRESS<br>Black & Decker, Address Unk.   |  |   |   |  |
| 11A. SECOND PRODUCT<br>Toaster<br>GFCI 4063  |  | 11B. TRADE/BRAND NAME<br>Unk.               |   | 11C. MODEL NUMBER<br>Unk.                |
| 11D. MANUFACTURER NAME AND ADDRESS<br>Unk.   |  |   |   |  |
| 12. AGE OF VICTIM<br>No Injury 99  | 13. SEX<br>No Injury                         | 14. DISPOSITION<br>Injury 0                 | 15. INJURY DIAGNOSIS<br>No Injury 70          |  |
| 16. BODY PART (S)<br>INVOLVED<br>No Injury 99  | 17. RESPONDENT<br>Owner/User 1               | 18. TYPE OF<br>INVESTIGATION<br>Telephone 2 | 19. TIME SPENT<br>(OPERATIONAL HOURS)<br>05.0 |  |
| 20. ATTACHMENT (S)<br>None   | 21. CASE SOURCE<br>Consumer Referral 07      |   | 22. SAMPLE COLLECTION NUMBER<br>N/A           |  |
| 23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)<br>YES NO XX   |  |   |   |  |
| 24. REVIEW DATE  | 25. REVIEWED BY                              |   | 26. REGIONAL OFFICE DIRECTOR                  |  |
| 27. DISTRIBUTION<br>O:EHDS CC:   |  |   |   |  |

PRE-ACCIDENT

This toaster oven was purchased approximately two years prior to the accident. The consumer said that she had read and understood the instructions (now discarded) for the toaster oven. It was always used in this single family house, where the accident happened. The toaster oven was kept and used in the kitchen of the house. It was used about five times per week; each time of use was for five minutes or less. It was primarily used to cook breakfast foods such as toast or bagels. It was used by the consumer and her two children.

The toaster oven was unplugged after every use. It was never used with an extension cord, surge protector or outlet multiplying adapter. When in use it was connected to a duplex GFCI protected outlet, in the kitchen. The consumer said that she kept the toaster oven away from the kitchen wall, when in use and made sure that there was no other combustible material around the toaster oven when in use.

She said that, prior to this accident, the toaster oven always worked correctly. The toast lever always returned to the "up" setting, after the toast was toasted. There were no problems with the way it cooked the food. She said that she never had to recycle the toast or other food to make sure that it cooked properly. The consumer said, that prior to this accident, while using the toaster oven, there was never any evidence of any sparks, smoke, flames or overheating. Before this accident, there were never odd sounds or odors from the toaster oven. It never caused any electrical shocks. Prior to the incident, there was no reason to believe it was malfunctioning in any way. She had never had any problems with the electrical outlets or wiring in this house.

The toaster oven was never modified or repaired, prior to the incident. It was never dropped or abused, during ownership. The consumer said that the crumb tray was cleaned about once per week. It was wiped clean with a damp paper towel. The toaster oven was never immersed in water or sprayed with water. It was occasionally wiped clean with a sponge. When the toaster oven was used, the consumer said that she made certain that the kitchen counter area around the oven was dry.

ACCIDENT

The accident happened in the morning, in approximately November, 1995. The toaster oven was connected to the duplex outlet; nothing else was connected to this outlet. No other appliance was being used, at the time.

ACCIDENT (continued)

The consumer placed two slices of bread in the oven compartment in order to toast them. She then closed the oven door. The consumer pushed down the toast lever on the right hand side of the toaster oven, which activated the toast function. The toast color setting was turned "a little to the right of center". The consumer then walked into the dining room to set the dining room table, which was about five feet from the kitchen toaster oven. While in the dining room, she smelled the odor of something burning. At this point, the toast had been in the toaster oven from 3-5 minutes. Because of the burning odor, she walked into the kitchen.

As soon as she walked into the kitchen, she saw that orange colored flames were being emitted from the right front section of the closed door of the toaster oven. She said that the flames were several inches in length. Nothing else was burning, except the toaster oven. The consumer stated that it "registered in her mind" that the toast lever, on the side of the toaster oven was still in the "down" position, at the time of this fire.

She said that she took a cloth dish towel and "wacked out" the flames and pulled the power plug from the electrical outlet. She said that these actions completely extinguished the flames. During this time there was some smoke in the kitchen and a hall smoke alarm, that was about ten feet away, began sounding. She then opened a kitchen window to clear the smoke. The activity of seeing the burning toaster oven and extinguishing the flames took less than one minute.

POST ACCIDENT

There were no injuries involved in this accident. Other than the toaster oven, there was no property damage. Nothing else in the kitchen ignited. The fire department was not called and the insurance company was not notified. She examined the toaster oven after the fire but did not look inside the oven. She said that the door handle was now loose and the door did not fit correctly in the frame. There was melted plastic on the right side of the toaster oven. She said that the window for the oven door had not shattered, but it may have cracked; it was in one piece. The window was now discolored.

The toaster oven was discarded within the same week of this accident. The consumer did not contact the retailer or manufacturer about this incident.

PRODUCT IDENTIFICATION/INFORMATION

As stated previously, the consumer discarded the toaster oven within a week after the fire in about November, 1995. The following are details, related by the consumer, about the toaster oven.

It was a Black and Decker brand toaster oven, model number "TRO 600". It had three controls on the right side of the toaster oven, an oven temperature setting dial (with bake and broil settings), a toast darkness setting and an up-down vertical slide lever to activate toasting for the toaster function.

It was made of chrome metal and plastic. It was front loading, with a pull down door on the front of the toaster oven. The door had a glass-type window.

STANDARDS INFORMATION

Unk.

EXHIBIT DESCRIPTION

N/A

EASO

ACCIDENT INVESTIGATION REQUEST FORM

Document Number X9621484A

Date of Incident Fall, 1995 Category I.D. SECT 5 I 1996

Follow-Up Requested

Hazard Analysis

Section 15

Type Follow-Up Requested

Telephone Call

at her  
office

On-Site

Headquarters Contact Jeanne M. Siebert

Assignment Message Please interview Commissioner  
Gall regarding the incident with  
her Black + Decker toaster oven. Please  
confirm details of incident (including the  
exact date of the incident) and  
determine exact model number.

Do on-site  
at office

Person(s) to Contact Jeanne M. Siebert

CAL

\* Guideline Please call me first - I have already  
done a preliminary interview and would like to  
give you some background information.

Requested By J. Siebert 504-0626 at 1139

Task Number 960220CCC702B

Assigned to MASC

Date 2/20/96

TC-70

## CONSUMER PRODUCT INCIDENT REPORT

|  |   |   |   |
|--|---|---|---|
| 1. NAME OF RESPONDENT<br>[REDACTED]  |   | 2. TELEPHONE NO. (Home) [REDACTED] (Work) [REDACTED]  |   |
| 3. STREET ADDRESS<br>[REDACTED]  |   | 4. CITY STATE ZIP CODE<br>Bethesda, MD 20814  |   |
| 5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)<br>Toasting 3 slices of bread. Toasts lever did not come up. Unit remained on for extended period of time. Smoke was generated. Respondent witnessed flames escaping from the door. She unplugged the unit and extinguished fire with towel. |   |   |   |
| 6. DATE OF INCIDENT(S)<br>Fall, 1995   | 7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____ |   | 8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____ |
| 9. DESCRIPTION OF PRODUCT<br>Black + Decker Toasts Oven  |   | 10. BRAND NAME<br>Black + Decker  |   |
| 11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE<br>6 Armstrong<br>Shelton, CT   |   | 12. MODEL, SERIAL NO.'S<br>unknown  |   |
|  |   | 13. DEALER'S NAME, ADDRESS & PHONE  |   |
| 14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?<br>YES <input checked="" type="checkbox"/> NO _____ IF YES, BEFORE OR AFTER THE INCIDENT? After<br>Describe plastic melted, lever would not come up   |   | 15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED _____<br>DATE PURCHASED Fall, 1994 AGE 2 yrs                 |   |
|  |   | 16. DOES PRODUCT HAVE WARNING LABELS?<br>IF SO, NOTE: _____   |   |
| 17. HAVE YOU CONTACTED THE MANUFACTURER?<br>YES _____ NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____<br>OTHER _____  |   | 18. IS THE PRODUCT STILL AVAILABLE?<br>YES _____ NO <input checked="" type="checkbox"/><br>IF NOT, ITS DISPOSITION<br>Discarded |   |
| 19. MAY WE USE YOUR NAME WITH THIS REPORT?<br>YES _____ NO _____   |   |   |   |
| FOR ADMINISTRATION USE   |   |   |   |
| 20. DATE RECEIVED<br>Jan. 26, 1996   | 21. RECEIVED BY (Name & Office)<br>Jeanne Siebert, CAL                          |   | 22. DOCUMENT NO.<br>X 962 1484  |
| 23. FOLLOW-UP ACTION<br>960220CCC 7028   |   |   | 24. PRODUCT CODE(S)<br>216  |
| 25. DISTRIBUTION   |   | 26. ENDORSEER'S NAME & TITLE  |   |